

Form 815 **SLO County Multi-Agency Referral and Client Release of Information**

Authorization
Page 1 of 2
Rev. 11/2016

Date: _____ Last Name: _____ First Name: _____ Mid Init: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ OK To Leave Message: _____ Language: _____ DOB: _____

Parent or Guardian: _____ Case Type: _____ Case number: _____

AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION

I authorize the agencies that I have initialed below to share my health care, academic and personal information with each other.

If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialed below to share that person's health care and personal information with each other.

I understand that this authorization is voluntary and that I do not have to sign it.

PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:

Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described herein.

Initial Here	Allan Hancock EOPS/CalWORKs	Initial Here	Mental Health Department - SLO County
Initial Here	CAPSLO: Child Care Resource Connection	Initial Here	Probation Department - SLO County
Initial Here	CenCal Health	Initial Here	Public Health Department - SLO County
Initial Here	Community Health Centers	Initial Here	RISE
Initial Here	Cuesta College:	Initial Here	SLO County Office of Education (SLOCOE)
Initial Here	Department of Rehabilitation	Initial Here	Transitions Mental Health Association (T-MHA)
Initial Here	Dept. of Social Services: Participant Services	Initial Here	School District:
Initial Here	Drug and Alcohol Services - SLO County	Initial Here	Tri-Counties Regional Center
Initial Here	Family Resource Centers:	Initial Here	Veterans Services Department - SLO County
Initial Here	Foster Family Agency: Family Care Network, Inc.	Initial Here	Victim/Witness Assistance Prog. - SLO County D.A.
Initial Here	HASLO (Housing Authority)	Initial Here	Women's Shelter of San Luis Obispo
Initial Here	Homeless Services: Housing Support Program (HSP)	Initial Here	Other: Echo
Initial Here	Hospital:	Initial Here	Other: Maxine Lewis Shelter
Initial Here	Independent Living Program	Initial Here	Other: Family Care Network, Inc.
Initial Here	Job Centers: Eckard	Initial Here	Other: Property Management/Landlords

This authorization to release the above information will **expire one year from the date signed** or will expire on: _____ **(Not more than 1 Year.)**

HEALTHCARE OR PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES

The identified agencies can share any information for the purposes listed below from your health care, academic, or personal records; or from the health care, academic, or personal records of the person for whom you are authorizing this disclosure. The information may come from your San Luis Obispo County physical health records, mental health records, or drug and alcohol treatment records. The information may also come from your Social Services records or the records of any other agency that you authorized to share your information. The information used, disclosed or shared may be written or oral, and will only include information necessary to achieve the intended purpose or referral.

Initial
Here

Initial here to indicate you understand we will share your mental health information.

Initial
Here

Initial here to indicate you understand we will share your Drug and Alcohol Program information.

PURPOSES AND LIMITATIONS ON THE USE OF YOUR HEALTHCARE OR PERSONAL INFORMATION

The information will be used by the identified agencies to refer you to and request services from agencies that you authorize in this document. The information may also be used to coordinate care or to coordinate services between the agencies. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, and/or other traditional social services.

I understand that:

- I have the right to receive a copy of this authorization
- I have the right to revoke this authorization by sending a signed notice stopping this authorization:
SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA, 93401
or via e-mail at privacy@co.slo.ca.us ; or call (855) 326-9623

The authorization will cease on the date my valid revocation request is received. I also understand that any information released prior to a revocation of this authorization shall not be a breach of my confidentiality.

- A form known as the Notice of Privacy Practices given to clients who receive medical services, provides instructions for me should I chose to revoke my authorization and includes limitations on my revocation. I understand I can access a copy of this notice on the internet at: <http://www.slocounty.ca.gov/health.htm>
- My treatment, enrollment, or eligibility for benefits will not be affected if I do not sign this authorization.
- The information will only be used for its intended use. Under California Law, the recipient of my medical information is prohibited from re-disclosing the information, except with a written authorization or as required or permitted by law. If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal regulations.
- Records and copies obtained relating to outpatient psychotherapy shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.
- I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations.

Employee Name:

Organization filling
out this form:

Client Signature:

Print Name:

Date:

Representative Signature:

Relation:

Date:

ADDITIONAL CONSENT TO SHARE CONFIDENTIAL DRUG AND ALCOHOL TREATMENT INFORMATION BETWEEN DRUG AND ALCOHOL SERVICES, DEPT. OF SOCIAL SERVICES, THE COURTS, AND OTHERS.

NOTE: This page is to be filled out if Drug and Alcohol Treatment information that was shared by SLO County Drug and Alcohol Services is intended to be further disclosed (redisclosed) by the initial recipient to another individual or agency. (such as the Superior Courts) **If completed, this page must be attached to page 1 and page 2 of the 815 form.**

Full Client Name:	DOB:
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I authorize San Luis Obispo County Social Services, including the Child Welfare Services Division, the Superior Court and others, to use, disclose and/or redisclose my health care and/or Drug and Alcohol Program information, or that of the person for whom I am authorizing this disclosure, with the following agencies and/or individuals:

<i>Initial Here</i>	SLO County Drug & Alcohol Services	<i>Initial Here</i>	Client's Attorney
<i>Initial Here</i>	San Luis Obispo County Superior Court	<i>Initial Here</i>	Child's Attorney
<i>Initial Here</i>	Other Superior Court	<i>Initial Here</i>	CASA
<i>Initial Here</i>	San Luis Obispo County Department of Social Services including Child Welfare Services	<i>Initial Here</i>	Other:
		<i>Initial Here</i>	Other:

DRUG AND ALCOHOL SERVICES INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES

<i>Initial Here</i>	Any information related to your participation in the Drug & Alcohol program including your status as a patient, date of admission, initial evaluation, assessment results/history, attendance, date of discharge, discharge plan and discharge status
<i>Initial Here</i>	Summary of your treatment plan, progress in the program, and compliance
<i>Initial Here</i>	Any drug testing results including urinalysis, breathalyzer/patching test results
<i>Initial Here</i>	Any personal information about your household, relationships and children including observations and evaluations of minors with whom you interact

PURPOSES AND LIMITATIONS ON THE USE OF YOUR DRUG AND ALCOHOL SERVICES INFORMATION

The information described above may be used, disclosed and/or redisclosed by and between the agencies listed above to assist them in handling your DSS case, your Family Court case, and/or any other matter related to this authorization.

I voluntarily sign this authorization to disclose my Drug and Alcohol Program information to the agencies listed above. I understand these agencies will share this information with each other.

Client Signature:	Print Name:	Date:
Representative Signature:	Relation:	Date:

**50 Now and Coordinated Entry Program
CLIENT NOTICE AND CONSENT FOR RELEASE**

THIS CLIENT NOTICE AND CONSENT FOR RELEASE FORM DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM PLEASE CONTACT Laurel Weir AT 805-781-1833.

I, _____ (**insert client's name**), understand and acknowledge that the 50 Now and Coordinated Entry Program at the County Department of Social Services (the "Agency") is affiliated with the County of San Luis Obispo ("County"), and I consent to and authorize the collection of data and information and preparation of records pertaining to the services provided to me by the Agency and the release of such data and all records maintained by the Agency to the County and agencies affiliated with the County, provided such agency is a party to The San Luis Obispo County Homeless Management Information System ("HMIS") agency agreement with the County under which the Agency has specifically agreed to share information with such agency. The data, information and records gathered and prepared by the Agency and the County will be included in the HMIS database and the 50 Now database and shall be utilized by the County and its affiliated agencies, including Agency, to: (a) provide individual case management; (b) produce reports regarding utilization of services; (c) track individual program outcomes; (d) provide accountability for individuals and entities that provide funds for use in providing services in the County of San Luis Obispo area; (e) identify unfilled service needs and plan for the provision of new services; (f) allocate resources among agencies engaged in the provision of services in and around San Luis Obispo County; and (g) be used for all other purposes deemed appropriate by the County. I understand and acknowledge that my data and information may be aggregated with the data and information of other individuals served by the Agency and other County agencies for the purposes described above. I understand and acknowledge that that data, information and records pertaining to the services provided to me by the Agency will only be disclosed to agencies, individuals and entities other than the County and its affiliated agencies with my written authorization.

_____ (**please initial**) I understand and acknowledge that the data pertaining to the services provided to me by the Agency and the records maintained by the Agency may include medical/health information and other information the privacy of which may be protected by federal and or California law and expressly consent to the release of such information.

_____ (**please initial**) I understand and acknowledge that I have the right to (a) inspect, copy, and request amendment of all records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form; (b) request restriction of how my data, information and records are utilized and disclosed but that the Agency is not required to agree to such requested restrictions; (c) request that the Agency communicate with me about my services in a manner designed to promote confidential communications; and (d) complain to the Agency or the County by providing written notice of the alleged violation if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

_____ (**please initial**) I understand and acknowledge that I have the right to opt out of having my data, information and records disclosed to the County and other County affiliated agencies by providing written notice to the Agency and that I am entitled to services regardless of my decision. I further understand and acknowledge that I may revoke this consent at anytime by providing written notice to the Agency. However, I understand and acknowledge that regardless of my decision to opt out or revoke consent, my data may be disclosed to the County and included in the HMIS database and the 50 Now and Coordinated Entry database in an aggregated and deidentified form for purposes of making future resource allocation decisions.

_____ (**please initial**) I understand and acknowledge that the Agency is required to abide by the terms of this notice but that the Agency reserves the right to change the terms of this notice and to make such revised or changed notice effective for information already held by the Agency as well as information received in the future.

Signature: _____

Date: _____

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____ : ____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name	Nickname	Last Name
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ____/____/____	Age	Social Security Number
	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ____/____/____	Age	Social Security Number
Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? ☐ Refused
- b) Taken an ambulance to the hospital? ☐ Refused
- c) Been hospitalized as an inpatient? ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES**.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN**.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY**.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

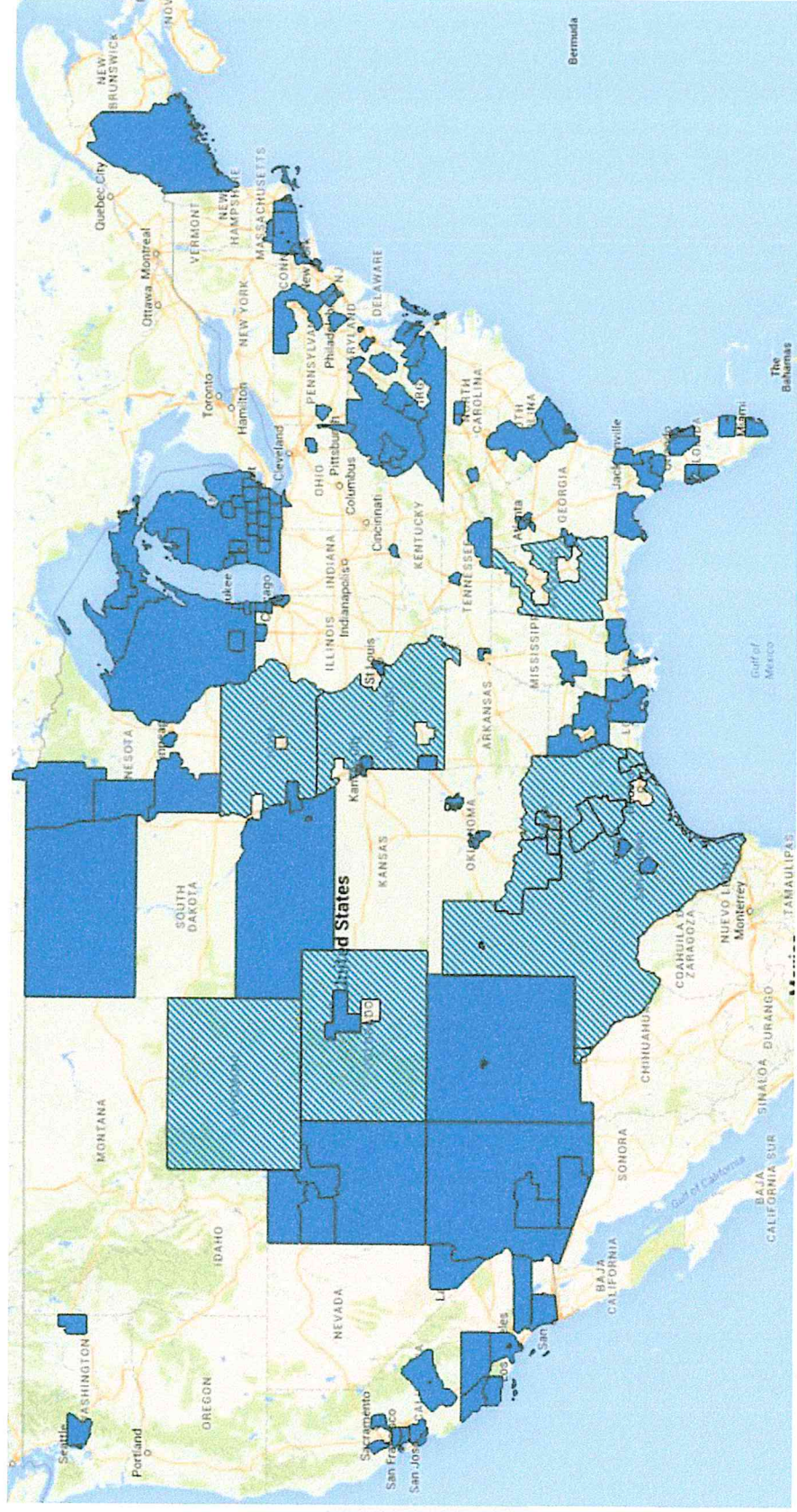
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County
- Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- Dekalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

30. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other
- ☐ Declined to state

31. Have you ever served in the military?

- ☐ No (if no, then skip to question 32)
- ☐ Yes

31. a. If yes, which war/war era did you serve in?

- ☐ Korean War (June 1950-January 1955)
- ☐ Vietnam Era (August 1964-April 1975)
- ☐ Post Vietnam (May 1975-July 1991)
- ☐ Persian Gulf Era (August 1991-Present)
- ☐ Iraq (2003-Present)
- ☐ Other (Specify)
- ☐ Refused

31.b.If yes, what was the character of your discharge?

- ☐ Honorable
- ☐ Other than honorable
- ☐ Bad Conduct
- ☐ Dishonorable
- ☐ Refused

32. What is your citizenship status?

- ☐ Citizen
- ☐ Legal Resident
- ☐ Undocumented
- ☐ Refused

33. Where were you living at the time you most recently became homeless?

- ☐ This County (City: _____)

34. Have you ever been in foster care?

- ☐ No
- ☐ Yes

35. Have you ever been in jail?

- ☐ No
- ☐ Yes

36. Have you ever been in prison?

- ☐ No
- ☐ Yes

37. What kind of health insurance do you have, if any? (check all that apply)

- ☐ Medicaid
- ☐ Medicare
- ☐ VA
- ☐ Private Insurance
- ☐ None
- ☐ Other (specify) _____

38. If you lived somewhere other than here when you became homeless what brought you to SLO County?

- ☐ Lived here before
- ☐ Have friends or family here
- ☐ Heard there was a shelter available
- ☐ Heard there were jobs available

39. How long have you lived in SLO County?

40. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

41. What is your race?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Refused

HMIS Questions

I'M GOING TO ASK YOU SOME QUESTIONS RELATED TO DISABILITIES. THESE QUESTIONS ARE FOR STATISTICAL PURPOSES AND WILL NOT BE USED TO DECIDE WHO GETS HOUSING.

42. LENGTH OF TIME ON STREET OR IN AN EMERGENCY SHELTER, OR MOTEL PAID FOR BY A NONPROFIT OR GOVERNMENT AGENCY? Have you been continuously homeless (i.e., on the street, in an emergency shelter, or safe haven) for at least one year?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

43. Total number of months homeless (i.e., on the street, in an emergency shelter, or safe haven) in the past three years

☐ If 0-12 months, specify #: _____

☐ More than 12 months

☐ Interviewee doesn't know

☐ Interviewee refused

43.a. What was the approximate start date when you started living on the street/in your vehicle/or in a shelter this most recent time? (list month and year if possible) _____

44. Total number of months continuously homeless (i.e., on the street, in an emergency shelter, or safe haven) immediately prior to this interview

[integer] _____

45. Which type of place did you stay at last night?

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Foster care home or foster care group home

☐ Hospital or other residential non-psychiatric medical facility

☐ Hotel or motel paid for without emergency shelter voucher

☐ Jail, prison, or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Unit owned by you, no ongoing housing subsidy

☐ Unit owned by you, with ongoing housing subsidy

☐ Rental where you paid with VASH subsidy

☐ Rental where you paid with Veterans GPD TIP subsidy

☐ Rental by you, with other ongoing housing subsidy

☐ Residential project or halfway house with no homeless criteria

☐ Safe Haven

☐ Staying or living in a family member's room, apartment, or house

☐ Staying or living in a friend's room, apartment, or house

☐ Substance abuse treatment facility or detox center

- ☐ Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Rental by you, no ongoing housing subsidy

- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Other: (Describe) _____
- ☐ Interviewee doesn't know
- ☐ Interviewee refused

46. How long have you been staying in that place

- ☐ One day or less
- ☐ Two days to one week
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year

- ☐ One year or longer
- ☐ Interviewee doesn't know
- ☐ Interviewee refused

PHYSICAL DISABILITY

47. Did the client mention having a physical disability?

- ☐ No (if no, then skip to question 48)
- ☐ Yes

- ☐ Interviewee doesn't know
- ☐ Interviewee refused



47.a.[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

- ☐ No
- ☐ Yes

- ☐ Interviewee doesn't know
- ☐ Interviewee refused

47.b.[IF YES for physical disability] Is the client currently receiving services/treatment for this disability?

- ☐ No
- ☐ Yes

- ☐ Interviewee doesn't know
- ☐ Interviewee refused

DEVELOPMENTAL DISABILITY

48. Does you currently have a developmental disability?

- ☐ No (if no, then skip to question 49)
- ☐ Yes

- ☐ Interviewee doesn't know
- ☐ Interviewee refused



48.a.[IF YES for developmental disability] Is the developmental disability expected to substantially impair the client's ability to live independently without help or modification to the unit?

- ☐ No
- ☐ Yes

- ☐ Interviewee doesn't know
- ☐ Interviewee refused

48.b.[IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

CHRONIC HEALTH CONDITION

49. Do you currently have a chronic health condition?

☐ No (if no, then skip to question 50)

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

49.a.[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently without help or modification to the unit?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

49.b.[IF YES for chronic health condition] Are you currently receiving services/treatment for this condition?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

HIV/AIDS

50. Have you ever been told that you have HIV/AIDS?

☐ No (if no, then skip to question 51)

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

50.a.[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client's ability to live independently without help or modification to the unit?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

50.b.[IF YES for HIV/AIDS] Is the client currently receiving services/treatment for this condition?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

MENTAL HEALTH PROBLEM

51. Do you currently have a mental health problem?

☐ No (if no, then skip to question 52)

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

51.a.[IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently without help or

modification to the unit?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

51.b.[IF YES for mental health problem] Are you currently receiving services/treatment for this condition?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

SUBSTANCE ABUSE PROBLEM

52. Do you currently have an addictions disorder?

☐ No (if no, then skip to question 53)

☐ Alcohol abuse

☐ Drug abuse

☐ Both alcohol and drug abuse

☐ Interviewee doesn't know

☐ Interviewee refused

52.a.[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impair your ability to live independently without help or modification to the unit?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

52.b.[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Are you currently receiving services/treatment for this condition?

☐ No

☐ Yes

☐ Interviewee doesn't know

☐ Client refused

DOMESTIC VIOLENCE

53. Have you ever been a survivor of domestic violence?

☐ No (if no, then skip to question 54)

☐ Yes

☐ Interviewee doesn't know

☐ Interviewee refused

53.a.[IF YES] When did the experience occur?

☐ Within the past three months

☐ Three to six months ago (excluding six months exactly)

☐ Six months to one year ago (excluding one year exactly)

☐ One year ago or more

☐ Interviewee doesn't know

☐ Interviewee refused

NON-CASH BENEFITS

54. Do you receive any non-cash benefits from any source?

☐ No (if no, then skip to question 55)

☐ Interviewee doesn't know

☐ Yes

☐ Interviewee refused



54.a.[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps (SNAP, CalFresh)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other ongoing rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____

55. Do you receive any cash benefits or income from any source?

☐ No (if no, then skip to question 56)

☐ Interviewee doesn't know

☐ Yes

☐ Interviewee refused



55.a.[IF YES] Answer 'Yes' or 'No' for each cash benefit or income source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of income
<input type="checkbox"/>	<input type="checkbox"/>	Employment
<input type="checkbox"/>	<input type="checkbox"/>	Cash Aid/CalWORKS
<input type="checkbox"/>	<input type="checkbox"/>	SSI/SSDI
<input type="checkbox"/>	<input type="checkbox"/>	VA Service Compensation/Non service disability pension
<input type="checkbox"/>	<input type="checkbox"/>	Private disability insurance
<input type="checkbox"/>	<input type="checkbox"/>	Worker's compensation
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income (SS)
<input type="checkbox"/>	<input type="checkbox"/>	Pension or retirement from a former job
<input type="checkbox"/>	<input type="checkbox"/>	Child Support/Alimony

☐☐

Other source: _____

Thank you. The next couple of questions are intended to help us determine your household size.

56. Is there another adult living with you whom you consider to be part of your household?
(Y/N) _____

56.a. Are they a?

☐

Spouse or partner

☐

Adult Child

☐Interviewee
refused☐

Other related member (specify) _____

☐

Other: non-related member

What is their name? _____

57. Are there any children living with you?

☐

Yes _____

How many and ages? _____

☐

No

58. What is your relationship to them?

☐

Biological Parent

☐

Aunt/Uncle

☐

Grandparent

☐

Not related/refused

☐

Step parent or adoptive parent

☐Significant other of parent (Name of
parent: _____)☐

Other (please specify) _____

59. Have your children ever been a survivors of domestic violence?

☐

No

☐

Yes

☐

Interviewee doesn't know

☐

Interviewee refused

60. Are your children covered by medical insurance?

☐

No

☐

Yes

☐

Interviewee doesn't know

☐

Interviewee refused

That was the last question. Thank you for your participation.